



City of Santa Barbara  
Planning Division  
**Sign Committee (SC) Supplemental Application**

(FOR SUBSEQUENT FILINGS ONLY - INITIAL FILINGS USE MASTER APPLICATION)

Community Development  
630 Garden Street  
805-564-5578



Date \_\_\_\_\_  
Fee \_\_\_\_\_  
Staff \_\_\_\_\_

PROJECT STREET ADDRESS: \_\_\_\_\_

DATE OF LAST ACTION: \_\_\_\_\_ MST #: \_\_\_\_\_

**DESCRIBE REQUEST, LAST HLC REVIEW AND CHANGES MADE SINCE THEN:**

*(Requests will not be accepted without a COMPLETE description of request and changes. Only the changes listed below will be considered for approval.)*

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**LEVEL OF REVIEW**

FULL BOARD		CONSENT CALENDAR	
<u>CONCEPT CONTINUED</u>	<input type="checkbox"/>	<u>CONTINUED</u>	<input type="checkbox"/>
<u>PRELIMINARY</u>	<input type="checkbox"/>	<u>PRELIMINARY</u>	<input type="checkbox"/>
<u>IN-PROGRESS</u>	<input type="checkbox"/>	<u>FINAL</u>	<input type="checkbox"/>
<u>FINAL</u>	<input type="checkbox"/>	<u>REVIEW AFTER FINAL</u>	<input type="checkbox"/>
<u>REVIEW AFTER FINAL</u>	<input type="checkbox"/>	☞ 1 copy of plans required at time of submittal.	
☞ 3 copies of plans required at time of submittal.			

NAME OF PERSON TO CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: \_\_\_\_\_